

2011-12 OPEN GYM Permission Form

This permission form is required for any and all children and guests to participate in Open Gym at IGM Gymnastics. It must be filled out and signed by the legal parent or guardian of the child entering the gymnastics training area. This form must be completed in its entirety.

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Children's name(s): _____

Child Age: _____ Child Age: _____ Child Age: _____ Child Age: _____

Parents Permission: The children listed above have the permission to participate in Open Gym at IGM Gymnastics. I understand that injury may result from improper conduct of this activity. I have instructed my child(ren) to follow directions. I give permission to IGM Gymnastics and/or an appropriate medical facility to make whatever emergency (e.g. first aid, disaster evacuation) measures judged necessary for the care and protection of my child(ren) while under the supervision of IGM Gymnastics. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency recourse (Police, Rescue Squad) deems it necessary. The child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

I fully disclaim, waive and discharge IGM Gymnastics, their instructors and directors from all claims with regard to any personal injury that may be incurred by my child(ren) during Open Gym. My child is in good physical health and there are no medical conditions which would limit is/her participation in Open Gym activities.

I also understand that adults are not allowed on the gym(s) floor unless my child is 4 years or younger, in which case, I must be accompanied by an IGM Gymnastics staff member and have signed a release.

ADULTS ARE NEVER ALLOWED ON ANY EQUIPMENT.

Signature: _____

Date: _____

(Print name)

Emergency Phone Number: _____

Original **OPEN GYM Permission Card** Issued to Parent? Yes No Date: _____

Replacement card issued on: _____

Entered in CC? Y N

Entered in DM? Y N